



County of San Diego, Planning & Development Services
CHANGE OF ADDRESS
SUPPORT SERVICES

TRUST ACCOUNT CUSTOMER CHANGE OF ADDRESS REQUEST FORM

Effective Date: _____

Customer Name: _____

Customer #: _____

(Note: This request from will change the address for all County of San Diego accounts under this customer #)

Phone# (include area code): (w) _____ (c) _____

(h) _____

Email: _____

Request Change of Address:

Old Address: _____

City: _____ State: _____ Zip _____

New Address: _____

City: _____ State: _____ Zip _____

Authorized Signature: _____ Date: _____

If you have any question regarding completion of this form, please call 858-694-2320

TO BE COMPLETED BY TRUST ACCOUNT CUSTOMER SERVICE UNIT

Date Received: _____

Date Processed: _____ Processed by: _____



County of San Diego, PDS
CHANGE OF ADDRESS

Continued

INSTRUCTION FOR CUSTOMER CHANGE OF ADDRESS REQUEST FORM

1. **Effective Date:** Please enter the effective date of the requested change.
 2. **Customer Name:** Please enter the customer name as is appears on the trust account billing statement.
 3. **Customer #:** Please enter the 7-digit customer number indicated on the top left of the trust account billing statement.
Note: Submittal of this change request from will change the address of all County of San Diego accounts under this customer number.
 4. **Phone #'s:** Please enter the daytime work, cell and home (if applicable phone numbers). Please include area codes and extension numbers.
 5. **Email:** Please enter the customer's preferred email address
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6. *Request Change of Address*

Old Address: Please enter the old address as it appears on the trust account billing statement.

Please include the office, suit, or apartment number

Please include the City, State & Zip Code+4

New Address: Please enter the new address

Please include the office, suit, or apartment number

Please include the City, State & Zip Code+4

7. **Authorized Signature:** Authorization signature should be the Financially Responsible person's signature.
8. **Where to Submit:** The completed change request form can be hand-delivered, mailed or emailed to the following address.

Department of Planning and Development Services
Trust Account Customer Service Unit
5510 Overland Avenue, Ste 310
San Diego, CA 92123-1239
PDSDevDep@sdcounty.ca.gov